

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 04/23/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/27/2006						
		FINANCIAL PAYER: NCMMH						
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOPS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	11	4115	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	163	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	4280	4333	15
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN DS LME	8505	6130	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	156	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	6342	6832	490
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	8505	2507	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	345	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	2988	4564	1571
		10	43	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	56	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	45	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	26	192	475	283
		8505	40	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404913	MECKLENBURG COM ENTAL HEALT	8599	1326	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8933	1115	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1681	4496	13809	9313
		8534	693	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404916	CROSSROADS BEHA VIORAL HEAL	79	17	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	33	342	309
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	8505	1889	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1882	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	146	4571	5455	884
		11	297	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8505	4240	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	109	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	97	4648	7057	2409
		8931	87	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	79	146	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		11	131	CLIENT NOT ELIGIBLE ON SERVICE DATE	23	481	1525	1044
		8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	2883	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	618	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	3878	6640	2762
		8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	21	1711	DUPLICATE OF CLAIM-SYSTEM				
		191	327	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	4	2440	3264	824
		8505	262	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404923	FIVE COUNTY MH	11	451	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8000	76	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	714	3040	2326
		21	67	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	4341	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	269	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	66	5912	11299	5387
		8800	210	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	11	183	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	99	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	356	3517	3161
		8533	45	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				

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3404927	CUMBERLAND CO M HC	8505	512	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	121	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	8	792	2226	1434
		8622	94	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	303	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	60	DUPLICATE OF CLAIM-SYSTEM	33	476	2882	2406
		8952	32	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404931	WAKE CO HUM SVC BILLING OF	8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	52	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	40	297	1638	1341
		21	51	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	56	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	41	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	157	987	830
		8621	29	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404934	ONSLow CARTERET BEHAV HEAL	21	506	DUPLICATE OF CLAIM-SYSTEM				
		8599	379	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	116	2580	3227	647
		537	321	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	15	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	15	130	1071	941
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404937	EDGEcombe NASH MNTL HLTH C	21	13	DUPLICATE OF CLAIM-SYSTEM				
		8518	6	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	24	958	934
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8599	135	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	42	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	237	1249	1012
		537	34	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404941	PITT CO MH/DD/S AS CENTER	21	1338	DUPLICATE OF CLAIM-SYSTEM				
		8329	891	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	3537	6041	2504
		8599	576	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOMANN UMAN SERVIC	21	52	DUPLICATE OF CLAIM-SYSTEM				
		5404	10	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	13	79	2383	2304
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBERMARLE MENTA L HEALTH CE	8931	18	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	34	73	1421	1348
		8935	15	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	744	DUPLICATE OF CLAIM-SYSTEM				
		8536	519	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1979	2072	93
		79	413	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	7679	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	198	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	21	7898	7898	0
		8931	21	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	5	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		11	4	CLIENT NOT ELIGIBLE ON SERVICE	0	9	67	58
				DATE				
3404979	NEW RIVER AREAM	8505	411	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	318	FURTHER PROCESSING NECESSARY,	0	853	942	89
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	112	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				